

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25143

FILED
Mar 23, 2009
Secretary of State

Entity Name: LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

C/O HOWARD ALDERMAN
58359 TIMMONS RD
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

58359 TIMMONS RD
HILLIARD, FL 32046 US

New Mailing Address:

C/O HOWARD ALDERMAN
58359 TIMMONS RD
HILLIARD, FL 32046 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, HOWARD
58359 TIMMONS RD
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOOPER, JACKIE L
Address: 152981 COUNTY ROAD 108
City-St-Zip: YULEE, FL 32097

Title: T () Delete
Name: ALBERTIE, THELMA
Address: 152974 COUNTY ROAD 108
City-St-Zip: YULEE, FL 32097

Title: S () Delete
Name: ALDERMAN, HOWARD
Address: 58359 TIMMONS RD.
City-St-Zip: HILLIARD, FL 32046

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATHIS, LEVI
Address: 59245 TIMMONS RD.
City-St-Zip: HILLIARD, FL 32046

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V-PD () Change (X) Addition
Name: MASON, GEORGE
Address: 1503024 COUNTY RD. 108
City-St-Zip: YULEE, FL 32097

Title: CHP () Change (X) Addition
Name: MASON, GARY
Address: 67915 AMOS WHITE RD.
City-St-Zip: YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD ALDERMAN

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date